

APPLICATION FOR EXTENDED TEMPORARY EVENT PERMIT

Permit No: _____

Business Name _____ Owner Name _____

Address _____ City _____ State _____ Zip _____

Business or Owner Phone No. _____ Booth Name (If Different From Business Name) _____

Person In Charge Of Food Safety _____ Person In Charge Phone No. _____

EVENT NAME ➤			
LOCATION ➤	Address:		City:
EVENT COORDINATOR REQUIRED ➤	Name:		Daytime Phone Number:
Beginning Date ➤	Beginning and Ending Day of Event	Date & Time	Event Schedule – Days Of Operation
	MON TUES WED THURS FRI SAT SUN (PLEASE CIRCLE)	Date ____ / ____ / ____ Time ____ To ____	(e.g.) Every day, except Sundays (or) Saturdays Only _____ _____
Ending Date ➤	MON TUES WED THURS FRI SAT SUN (PLEASE CIRCLE)	Date ____ / ____ / ____ Time ____ To ____	_____ _____

How will the food booth be covered? (e.g portable awning) _____

What is your source for electrical power and how much will you need? _____

What is your source for culinary water? _____

Where will you dispose of used water? _____

Do you have the required hand wash station? Low Risk Foods–Gravity Flow System Medium Risk Foods–Pressurized System _____

How will dishes/utensils be washed, rinsed, & sanitized? (e.g portable sink, wash tubs) _____

Do you have an accurate thermometer to keep an hourly temperature log? _____

What protective barrier will be between food and customers? (e.g. table, sneeze guard, distance) _____

How will utensils be supplied to customers? (e.g. individual packets) _____

How will you dispose of your trash? _____

How will you avoid bare hand contact when handling ready-to-eat foods? (e.g. gloves, tongs) _____

ALL WORKERS IN BOOTH ARE REQUIRED TO HAVE A CURRENT FOOD HANDLER CARD

◆ See Reverse Side ◆

GREEN

Menu Item	Source of Food	Preparation (Where & How)	Cooking Method	Cold Holding 41° F	Hot Holding 135° F	Food Handling
(e.g.) BBQ Beef	Store—Canned	Onsite	Pan on Grill	NA	Steam Table	Tongs

In consideration of granting said permit, I hereby specifically agree to each of the following conditions and waive all objections thereto:

1. This permit is for one temporary food booth and is non-transferable.
2. All businesses and premises operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statutes, ordinances, rules, and regulations.
3. During the term of said permit, I and my employees will allow Health Department inspectors access to the premises during normal working hours to conduct such inspections as may be necessary to guarantee compliance with health codes. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections.

I understand and agree that violation of this application agreement may result in suspension, or revocation of said permit.

Applicant Name (Please Print) _____ Signature of Applicant _____ Date _____

Reviewed by _____ Date of Review _____ Permit Number _____

PERMIT FEE IS DETERMINED BY TYPES OF FOOD SERVED
ADDITIONAL FEES CHARGED FOR VENDING FOOD WITHOUT A PERMIT

Low Risk: Foods that are not potentially hazardous (e.g. cotton candy, snow cones, popcorn, commercially frozen ice cream, nuts, breads, most baked goods)
Medium Risk: Potentially hazardous foods (e.g. hamburgers, hot dogs, cooked rice, tacos, pizza, corn on the cob, ice cream frozen by vendor, cut melons)
High Risk: Potentially hazardous foods that are cooked and cooled, or are cooked, cooled and reheated are **NOT** allowed at Extended Temporary Events.

<u>Circle Fee Amount</u>	
Low Risk	\$100
Medium Risk	\$200
Food Disposal Log Given	<input type="checkbox"/>
Event Coordinator Info Listed	<input type="checkbox"/>

Permit Fee		\$ _____
Late Fee (less than 2 days)	\$ 25 Additional	_____
Application Submitted Via Fax or Mail (Out-of-County Vendors <u>Only!</u>)	\$ 10 Additional	_____
Open Without a Permit	\$100 Additional	_____
Total Amount Due		\$ _____
Payment Date: _____	Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit <input type="checkbox"/>	
Received by: _____	_____	_____